

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO. 09/990773  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	3		3		4	
TOTAL DEP.	31	-	37	-	30	-
TOTAL CLAIMS	34		34		34	

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.		-		-		-
TOTAL DEP.		-		-		-
TOTAL CLAIMS		-		-		-

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS